U.S. Department of Labor Office of Labor-Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No 1215-0188 Expires 11 30-2006

, This report is mandatory under P it. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 1/0/2	2 Fiscal Year Covered From			
	1 / 1 / 2005 Through 12 / 31 / 2005			
3 Name and address of person filing	4 Name file number and address of labor organization			
Name William A Moyer	Name Sheet Metal Workers Local Union No 170			
	Labor Organization File Number 049-937			
P O Box Bldg Room No If any	P O Box Building and Room Number if any			
Street 7641 Benton Ave	Street 9101 E Whittler Blvd Suite 170			
City Westminster	Cnty Pico Rivera			
State California ZIP Code + 4 92683-2327	State California ZIP Code + 4 90660-2405			
5 Position in labor organization Business Manager Trustee				
	15 ⁷ 4 p 1			
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)				
A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent				
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest, Transaction or Income			
Name				
Trade Name If any				
P O Box Bidg Room No If any				
Street	7 b Amount			
Succi				
City				
State ZIP Code + 4				
Signature				
15 Signature and venification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)				
Signed Wally	On 4/17/2006 714-892-2600			
oigned UC UCCC	Date Telephone Number			
Form I M-20 (2003)	0 4 . 40			

File Number U-Name of Person Filing William Moyer B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested 8 Name and address of Business (including trade name if any) 9 Business deals with Name United Concordia a Labor Organization Trade Name If any Dental provider b Trust PO Box Bldg Room No If any c Employer Street 21700 Oxnard Street Suite 500 Woodland Hills ZIP Code + 4 91367 State California 11 a Nature of such dealing 10 If 9 b or 9 c is checked give trust or employer's name gifts (see attached letter) Name 170 Goup Insurance Trust Fund Trade Name if any PO Box Bldg Room No if any Street 9101 E Whittier Blvd Suite 100 \$270 11 b Approximate dollar value of such dealing City Pico Rivera 12 a Nature of interest held or income received ZIP Code + 4 90660-2405 State California 12 b Amount. C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value 14 a Nature of payment 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any PO Box Bldg Room No If any Street City

14 b Amount of payment

ZIP Code + 4

or Consultant

13 b is the Business an Employer

State



April 4, 2006

Bill Moyer Sheet Metal Workers Local 170 1000 North Central Ave Suite 400 Glendale, CA 91202

Re LM-10 Report

Dear Bill

As you know the U.S. Department of Labor ("DOL"), as part of a recent enforcement initiative, has issued guidance expanding the reporting requirements under the Labor Management Reporting and Disclosure Act of 1959 (LMRDA)

The LMRDA requires United Concordia to report any gifts, any payment of money or anything of value provided directly or indirectly to labor organizations or to officers, agents, shop stewards or other representatives or employees of any labor organization (including union officials serving in some capacity to a Taft-Hartley Plan) (collectively 'Union Recipients') where the labor organization or Taft Hartley Plan is a customer or prospective customer of United Concordia

Our records indicate that we made the following payments to you during: 2002

<u>Date</u>	Event/Gıft		<u>Individual Amount</u>	
02/01/2005	Lunch		\$	26 75
05/23/2005	Golf Tournament		\$	140 00
06/08/2005	3 dozen golf balls		\$	75 00
12/06/2005	3 golf gloves		\$	28 20
		Total	\$	269 95

These payments amount to \$269 95, and will be disclosed by United Concordia in the LM-10 Report that it is currently required to file with the DOL by March 31, 2006

As a courtesy to you, we provide this information to assist you in filing the required LM-2 or LM-30 forms, as applicable All Union Recipients are required to report receipt of gifts payments, or anything of value from any employer, including United Concordia These parallel filings will permit the DOL to cross-reference reported information for consistency and completeness

Please contact me if you have any que stions regarding this matter

Sincerely

Nino Pizzuti

Senior Executive, Labor and Trust Fund